

<b>Case Number:</b>	CM14-0102841		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/06/2002
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Arizona. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 55-year-old male who sustained an injury on 3/6/2002. As a result of the injury the patient developed chronic back pain with radiation into both lower extremities. The patient recently had an epidural injection which gave him 50% diminution of his pain. His physical examination demonstrates a positive straight leg raise of the both lower extremities. The patient takes OxyContin ER 120 mg per day. A request is made for Nuvigil because of sedation secondary to the opioids.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Nuvigil (armodafinil) 280mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <pain Knee>, <armodafinil

**Decision rationale:** The CA MTUS does not discuss Nuvigil. The ODG states that Nuvigil is not recommended solely to counteract sedating effects of narcotics. It is used for the excessive sleepiness caused by narcolepsy or shift work sleep disorder. There is no documentation in the

record that the patient does not have any of the symptoms associated with narcolepsy nor does he have a sleep test in the record. His sleepiness is drug-induced. Therefore, according to the guidelines of medical necessity for using Nuvigil has not been established.